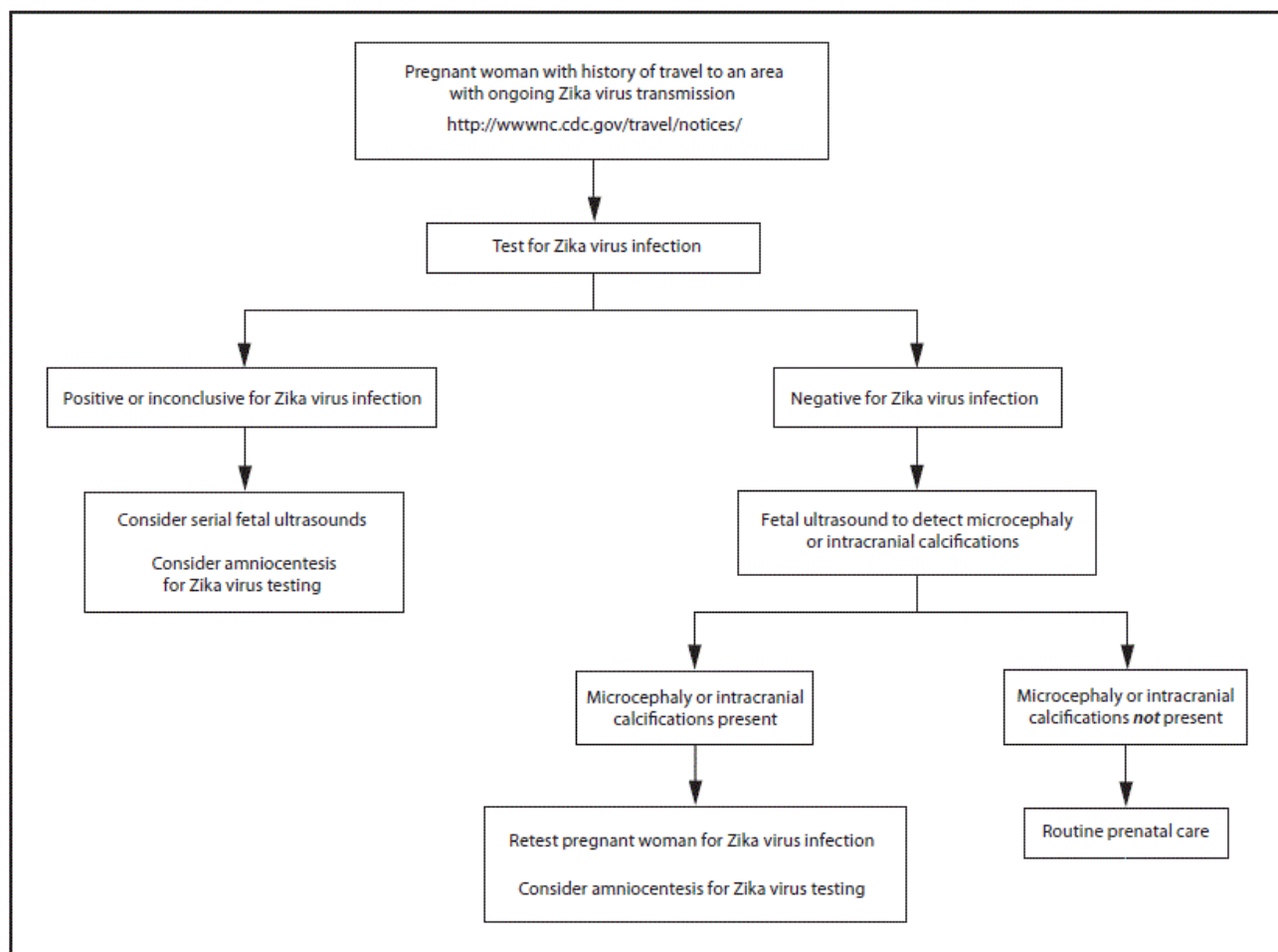


## Updated Interim guidance: testing algorithm<sup>\*,†,¶,\*\*</sup> for a pregnant woman with history of travel to an area with ongoing Zika virus transmission



\* Testing is recommended for pregnant women with clinical illness consistent with Zika virus disease, which includes two or more of the following signs or symptoms: acute onset of fever, maculopapular rash, arthralgia, or conjunctivitis during or within 2 weeks of travel. Because of the overlap of symptoms and areas where other viral illnesses are endemic, evaluation for dengue or chikungunya virus infection is also recommended.

<sup>†</sup> Testing can be offered to pregnant women without clinical illness consistent with Zika virus disease. Testing should be performed 2–12 weeks after travel.

<sup>¶</sup> Fetal ultrasounds might not detect microcephaly or intracranial calcifications until the late second or early third trimester of pregnancy.

<sup>\*\*</sup> Amniocentesis is not recommended until after 15 weeks of gestation. Amniotic fluid should be tested for Zika virus RNA by RT-PCR. The sensitivity and specificity of RT-PCR testing on amniotic fluid are not known.